

PATIENT CARE TEAM MEMORANDUM

TO: Michigan Senate Health Policy Committee

FROM: The leadership of the:

Michigan Academy of Family Physicians
Michigan Chapter of the American College of Surgeons
Michigan College of Emergency Physicians
Michigan Dermatological Society
Michigan Orthopedic Society
Michigan Osteopathic Association
Michigan Pediatric Society
Michigan Psychiatric Society
Michigan Radiological Society
Michigan Rheumatism Society
Michigan State Medical Society
Michigan Society of Eye Physicians and Surgeons
Michigan Society of Anesthesiologists

Michigan Section of the American College of Obstetricians and Gynecologists
Michigan Thoracic Society
Calhoun Medical Society
Genesee County Medical Society
Ingham County Medical Society
Kalamazoo Academy of Medicine
Kent County Medical Society
Macomb County Medical Society
Marquette-Alger County Medical Society
Midland County Medical Society
Northern Michigan Medical Society
Oakland County Medical Society
Saginaw County Medical Society
St. Clair County Medical Society
Washtenaw County Medical Society
Wayne County Medical Society

SUBJECT: Senate Bill 320 and Patient Care

DATE: May 12, 2015

On behalf of our organizations, their members and our patients, we wish to express our strong opposition to Senate Bill 320 as written and to ask you to continue your commitment to putting Michigan patients first. This legislation outlines a number of instances for which a certified nurse anesthetist (CRNA) may provide anesthesia and analgesia services.

As we continue to review the legislation, which was just introduced on May 7, 2015, we want to note that one glaring omission in the bill is that Senate Bill 320 does not adequately protect the care of the patient by continuing the current requirement of physician supervision of nurse anesthetists.

We have appreciated the steps that the Senate Health Policy Committee has taken on Senate Bill 68 in regard to advanced practice registered nurses (APRNs), to require those individuals to be part of a Patient Care Team which includes a physician. As discussions continue on Senate Bill 320 for nurse anesthetists, we would ask that the committee continue assuring the safety of a patient

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before, during, and after anesthesia by also requiring physician participation in the process in order to include their broad understanding of medical diagnosis and treatment acquired over many years of training and education.

We urge the committee to continue their track record of putting the safety of our patients first!